

County	Spray Block #
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## 2006 GYPSY MOTH PERCEPTION SURVEY

Your answers to the following questions are your opinion about the Gypsy Moth Suppression Program and the effectiveness of spraying on your property. **Please ✓ all that apply.**

### 1. WHY DID YOU CHOOSE TO PARTICIPATE IN THE GYPSY MOTH SUPPRESSION PROGRAM?

- ☐ Protect trees on my property.
 ☐ Stop gypsy moth spread in the area.
 ☐ Neighbors were participating.
 ☐ Reduce number of caterpillars.

Other \_\_\_\_\_

### 2. TO WHAT DEGREE WAS THE GYPSY MOTH PROBLEM ON YOUR PROPERTY?

- Last Year: ☐ High ☐ Moderate ☐ Low ☐ Do Not Know  
 This Year: ☐ High ☐ Moderate ☐ Low ☐ Do Not Know

### 3. WHAT KIND OF PESTICIDE DID THE COUNTY USE TO SPRAY YOUR PROPERTY?

- ☐ Viral Pesticide (GYPchek) ☐ Synthetic Pesticide ☐ Bacterial Pesticide (Bt)  
☐ Do Not Know Other \_\_\_\_\_

### 4. INDICATE YOUR LEVEL OF SATISFACTION WITH HOW WELL THE PROGRAM PROTECTED FOLIAGE:

- ☐ Highly Satisfied ☐ Acceptable ☐ Not Satisfied ☐ Do Not Know

### 5. INDICATE YOUR LEVEL OF SATISFACTION WITH HOW WELL THE PROGRAM REDUCED CATERPILLAR NUISANCE:

- ☐ Highly Satisfied ☐ Acceptable ☐ Not Satisfied ☐ Do Not Know

### 6. WOULD YOU PARTICIPATE IN THE PROGRAM AGAIN?

☐ **YES**

WHY WOULD YOU PARTICIPATE AGAIN?

- ☐ Spraying was effective. ☐ To prevent future gypsy moth infestations.  
☐ Additional spraying is needed. ☐ Program was worth the cost.

Other \_\_\_\_\_

☐ **NO**

WHY WOULDN'T YOU PARTICIPATE AGAIN?

- ☐ Spraying did not work. ☐ Additional spraying is no longer needed.  
☐ Program was not worth the cost. Other \_\_\_\_\_



**7. HAVE YOU EVER CONTACTED ANY ORGANIZATION FOR INFORMATION ON THE GYPSY MOTH?**

☐ YES    ☐ NO    IF YES, NAME OF ORGANIZATION: \_\_\_\_\_

**8. HOW DO GYPSY MOTHS DAMAGE TREES? (✓one)**

☐ Eating leaves    ☐ Chewing on branches    ☐ Destroying bark    ☐ Do not know

**9. AT WHAT STAGE DOES THE GYPSY MOTH CAUSE THE MOST DAMAGE TO TREES? (✓one)**

☐ Caterpillar    ☐ Moth    ☐ Do not know

**10. WHICH SEX OF GYPSY MOTH CAN FLY? (✓one)**

☐ Male only    ☐ Female only    ☐ Both (male/female)    ☐ Do not know

**INFORMATION ABOUT YOU and YOUR HOME(S) / PROPERTY:**

**11. ARE YOU:**    ☐ Female    ☐ Male

**12. HOW OLD ARE YOU?**

☐ 18-25    ☐ 26-35    ☐ 36-45    ☐ 46-55    ☐ 56-65    ☐ 66 or older

**13. IS THE PROPERTY THAT WAS SPRAYED FOR THE GYPSY MOTH YOUR PERMANENT LEGAL RESIDENCE?**

☐ Yes    ☐ No

**14. HOW MANY YEARS HAVE YOU OWNED THE PROPERTY THAT WAS SPRAYED?**

☐ 1 year or less    ☐ 1-5 years    ☐ 6-10 years    ☐ 11-20 years    ☐ 20 or more

**PLEASE ADD ANY COMMENTS YOU MIGHT HAVE:**

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**IF YOU WOULD LIKE TO RECEIVE MORE INFORMATION ABOUT THE GYPSY MOTH, PLEASE NOTE YOUR NAME AND ADDRESS HERE:**

Name	Address	City	State	Zip Code

**WHAT TYPE OF GYPSY MOTH INFORMATION WOULD YOU LIKE TO RECEIVE?**

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